

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010470

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

433

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Cameron	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Meth. Hosp. & Medical Center		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) FRED DIETZSCHOLD		4. DATE OF DEATH Month March Day 31 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/11/1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and state or country) Clinton Co., Mo.
13a. FATHER'S NAME Herman Dietzschold		13b. MOTHER'S MAIDEN NAME Anna Rose unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [redacted]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Varicoseul Colon Intestinal Obstruction Pulmonary Embolism		12. CITIZEN OF WHAT COUNTRY USA	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		14. NAME OF HUSBAND OR WIFE Lyle Dietzschold Cameron, Mo.	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 9 a.m. 11:15 p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 9 mo	
20f. CITY, TOWN, OR LOCATION St. Joseph		COUNTY Clinton STATE Mo	
21. I attended the deceased from 31 Mar to 31 Mar and last saw him alive on 3.31.63		22a. SIGNATURE [Signature]	
22b. ADDRESS St. Joseph Mo		22c. DATE SIGNED 3.31.63	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 3/31/1963	
23c. NAME OF CEMETERY OR CREMATORY Heaton - Bowman		23d. LOCATION (City, town, or county) (State) Cameron Missouri	
24. FUNERAL DIRECTOR Heaton - Bowman		25. DATE RECD. BY LOCAL REG. April 4, 1963	
26. REGISTRAR'S SIGNATURE Mrs. Clark Handell			

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 5-31-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3864
P. O. Address 319 South St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.